

114.3 CMR Division of Health Care Finance and Policy

114.3 CMR 14.00: Dental Services

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14.01: General Provisions

- (1) Scope, Purpose and Effective Date. 114.3 CMR 14.00 governs the determination of payments to be used by all governmental units in making payments to eligible dental providers for dental services rendered to publicly-aided individuals on or after March 1, 2005. The rates set forth in 114.3 CMR 14.00 do not apply to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act), as most recently amended by St. 1991, c. 398. Rates for service rendered to such individuals are set forth at 114.3 CMR 40.00. The codes used in 114.3 CMR 14.00 are the Health Care Financing Administration's Common Procedure Coding System (HCPCS).
- (2) Coverage. The rates of payment contained herein, or rates of payment determined in accordance with the provisions of 114.3 CMR 14.00, are full compensation for dental services rendered to publicly-aided individuals as well as for any related administrative or supervisory duties in connection with the provision of services, without regard to where these services are rendered.
- (3) Authority. 114.3 CMR 14.00 is adopted pursuant to M.G.L. c. 118G.
- (4) Disclaimer of Authorization of Services. 114.3 CMR 14.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 14.00. Governmental units that purchase services from eligible providers are responsible for the definition, authorization, and approval of services extended to publicly-aided patients.
- (5) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

14.02: General Definitions

Confirmatory (Additional Opinion) Consultation. When the consulting physician or dentist is aware of the confirmatory nature of the opinion that is sought (*e.g.*, when a patient requests a second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).

Consultation. A type of service provided by a physician or dentist whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or dentist or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services.

The request for a consultation from the attending physician or dentist or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

Any specifically identifiable procedure (*i.e.*, identified with a specific HCPCS code) performed on or subsequent to the date of the initial consultation should be reported separately.

If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

Division: The Division of Health Care Finance and Policy, established under M.G.L. c. 118G.

Eligible Dentist Provider. A provider of dental services who meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing such services and:

- (a) Dentists registered by the Board of Dental Examiners in accordance with the provisions of M.G.L. c. 112; or
- (b) Authorized governmental, nonprofit or charitably incorporated dental clinics not involved with teaching dental students; or
- (c) Authorized dental clinics that wholly or partially derive support from Title V funds under the Social Security Act; or
- (d) Teaching dental clinics operated by dental education institutions.

Established Patient. A patient who has received professional services from the physician or dentist within the past three years.

Evaluation and Management (E/M) Services. . The E/M section is divided into broad categories such as office visits, hospital visits and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For a full discussion of these services, refer to the most current *Physician's Current Procedural Terminology (CPT) Handbook*.

Governmental Unit. The Commonwealth, any department, division, agency board, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians or dentists. Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes. For a full discussion of the levels of E/M services, please refer to the most current CPT handbook.

New Patient. A patient who has not received any professional services from the physician or dentist within the past three years.

Publicly Aided Individual. A person who receives medical or dental care and services for which a governmental unit is liable, in whole or in part, under a statutory program of public assistance.

14.03: General Rate Provisions and Maximum Fees

- (1) Rate Determination. Rates of payment for authorized dental services to which 114.3 CMR 14.00 applies will be the lower of:
 - (a) The eligible dentist provider's usual fee to patients other than publicly-aided individuals or industrial accident patients; or
 - (b) The fees listed in 114.3 CMR 14.04, 14.05, 14.06.
- (2) Early Periodic Screening, Diagnosis and Treatment (EPSDT). Division of Medical Assistance regulation 130 CMR 420.421 states that dental services provided to members under age 21 must comply with all applicable requirements for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services set forth in Division of Medical Assistance regulation 130 CMR 450. 140-149.
- (3) Individual Consideration (I.C.). Non-listed procedures and dental procedures designated I.C. are individually considered items. Determination of appropriate

payment for procedures designated I.C. will be in accordance with the following standards and criteria:

- (a) Time required to perform the procedure;
- (b) Degree of skill required in the procedure performed;
- (c) Severity and/or complexity of the patient's dental disease or condition;
- (d) Policies, procedures and practices of other third-party purchasers of dental services, both governmental and private;
- (e) Should an eligible provider believe that any such procedure merits a higher fee than recommended, the provider may submit the prescribed claim form with supporting documentation. Such claims will be individually processed.

- (4) Prior Approval. A number of procedures require authorization of the appropriate purchasing agency prior to the rendering of service and before payment will be made. Providers should refer to the appropriate purchasing agency manual before providing services.

14.04: Allowable Fees: Anesthesia Services (Hospital)

Reimbursement of anesthesia services is set forth in 114.3 CMR 16.00: *Surgery and Related Anesthesia Services*.

14.05: Allowable Fees: Non-Hospital Services

Code	Allowed Fees	EPSDT Fees	Description of Services
			I. Diagnostic
D0120	\$18.00	\$22.00	Periodic oral examination
D0140	\$36.00	\$44.00	Limited oral evaluation - problem focused
D0150	\$34.00	\$42.00	Comprehensive oral evaluation – new or established patient
D0160	\$55.00	\$68.00	Detailed and extensive oral evaluation - problem focused, by report
D0170	\$33.00	\$40.00	Re-evaluation - limited, problem focused (Established patient; not post-operative visit)
D0180	I.C.	I.C.	Comprehensive periodontal evaluation – new or established patient
D0210	\$63.00	\$78.00	Intraoral – complete series (including bitewings)
D0220	\$13.00	\$16.00	Intraoral – periapical, first film
D0230	\$11.00	\$14.00	Intraoral – periapical, each additional film
D0240	\$18.00	\$23.00	Intraoral – occlusal film
D0250	\$19.00	\$26.00	Extraoral – first film
D0260	\$19.00	\$26.00	Extraoral - each additional film
D0270	\$12.00	\$15.00	Bitewing - single film
D0272	\$20.00	\$24.00	Bitewings - two films
D0274	\$30.00	\$37.00	Bitewings - four films
D0277	\$40.00	\$49.00	Vertical bitewings - 7 to 8 films
D0290	\$38.00	\$52.00	Posterior-anterior or lateral skull and facial bone survey film
D0310	\$39.00	\$48.00	Sialography
D0320	\$197.00	\$283.00	Temporomandibular joint arthrograph, including injection

Code	Allowed Fees	EPSDT Fees	Description of Services
D0321	\$82.00	\$101.00	Other temporomandibular joint films, by report
D0322	I.C.	I.C.	Tomographic survey
D0330	\$57.00	\$70.00	Panoramic film
D0340	\$63.00	\$78.00	Cephalometric film
D0350	I.C.	I.C.	Oral/ facial images
D0415	I.C.	I.C.	Collection of microorganisms for culture and sensitivity
D0416	I.C.	I.C.	Viral culture
D0421	I.C.	I.C.	Genetic test for susceptibility to oral diseases
D0425	I.C.	I.C.	Caries susceptibility tests
D0431	I.C.	I.C.	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0460	\$27.00	\$33.00	Pulp vitality tests
D0470	\$53.00	\$65.00	Diagnostic casts
D0471	\$33.00	\$47.00	Diagnostic photographs
D0472	\$62.00	\$77.00	Accession of tissue, gross examination, preparation and transmission of written report
D0473	I.C.	I.C.	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	I.C.	I.C.	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0475	I.C.	I.C.	Decalcification procedure
D0476	I.C.	I.C.	Special stains for microorganisms
D0477	I.C.	I.C.	Special stains, not for microorganisms
D0478	I.C.	I.C.	Immunohistochemical stains
D0479	I.C.	I.C.	Tissue in-situ hybridization, including interpretation
D0480	\$46.00	\$57.00	Processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report
D0481	I.C.	I.C.	Electron microscopy - diagnostic
D0482	I.C.	I.C.	Direct immunofluorescence
D0483	I.C.	I.C.	Indirect immunofluorescence
D0484	I.C.	I.C.	Consultation on slides prepared elsewhere
D0485	I.C.	I.C.	Consultation, including preparation of slides from biopsy material supplied by referring source
D0502	I.C.	I.C.	Other oral pathology procedures, by report
D0999	I.C.	I.C.	Unspecified diagnostic procedure, by report
			II. Preventive
D1110	\$45.00	\$56.00	Prophylaxis - adult
D1120	\$33.00	\$40.00	Prophylaxis - child
D1201	\$46.00	\$57.00	Topical application of fluoride (including prophylaxis) - child
D1203	\$17.00	\$21.00	Topical application of fluoride (prophylaxis not included) - child
D1204	\$27.00	\$37.00	Topical application of fluoride (prophylaxis not included) - adult
D1205	\$45.00	\$56.00	Topical application of fluoride (including prophylaxis) - adult
D1310	I.C.	I.C.	Nutritional counseling for control of dental disease
D1320	I.C.	I.C.	Tobacco counseling for the control and prevention of oral disease
D1330	\$13.00	\$19.00	Oral hygiene instructions
D1351	\$26.00	\$32.00	Sealant - per tooth

Code	Allowed Fees	EPSDT Fees	Description of Services
D1510	\$164.00	\$202.00	Space maintainer - fixed-unilateral
D1515	\$262.00	\$323.00	Space maintainer - fixed-bilateral
D1520	\$197.00	\$242.00	Space maintainer - removable-unilateral
D1525	\$295.00	\$364.00	Space maintainer - removable-bilateral
D1550	\$30.00	\$36.00	Recementation of space maintainer
			III. Restorative
D2140	\$53.00	\$65.00	Amalgam - one surface, primary or permanent
D2150	\$66.00	\$81.00	Amalgam - two surfaces, primary or permanent
D2160	\$79.00	\$97.00	Amalgam - three surfaces, primary or permanent
D2161	\$99.00	\$121.00	Amalgam - four or more surfaces, primary or permanent
D2330	\$62.00	\$77.00	Resin-based composite - one surface, anterior
D2331	\$79.00	\$97.00	Resin-based composite - two surfaces, anterior
D2332	\$99.00	\$121.00	Resin-based composite - three surfaces, anterior
D2335	\$125.00	\$154.00	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2390	\$91.00.	\$109.00.	Resin-based composite crown, anterior
D2391	\$47.00.	\$69.00	Resin-based composite – one surface, posterior
D2392	\$60.00.	\$87.00	Resin-based composite – two surfaces, posterior
D2393	\$71.00	\$105.00	Resin-based composite – three surfaces, posterior
D2394	\$97.00.	\$142.00	Resin-based composite – four or more surfaces, posterior
D2410	I.C.	I.C.	Gold foil - one surface
D2420	I.C.	I.C.	Gold foil - two surfaces
D2430	I.C.	I.C.	Gold foil - three surfaces
D2510	I.C.	I.C.	Inlay - metallic - one surface
D2520	I.C.	I.C.	Inlay - metallic - two surfaces
D2530	\$263.00	\$323.00	Inlay - metallic - three or more surfaces
D2542	\$427.00	\$526.00	Onlay - metallic - two surfaces
D2543	\$591.00	\$727.00	Onlay - metallic - three surfaces
D2544	\$612.00	\$754.00	Onlay - metallic - four or more surfaces
D2610	I.C.	I.C.	Inlay - porcelain/ceramic - one surface
D2620	\$361.00	\$444.00	Inlay - porcelain/ceramic - two surfaces
D2630	\$548.00	\$675.00	Inlay - porcelain/ceramic - three or more surfaces
D2642	\$578.00	\$711.00	Onlay - porcelain/ceramic - two surfaces
D2643	\$558.00	\$687.00	Onlay - porcelain/ceramic - three surfaces
D2644	\$565.00	\$695.00	Onlay - porcelain/ceramic - four or more surfaces
D2650	I.C.	I.C.	Inlay - resin-based composite composite/resin - one surface
D2651	I.C.	I.C.	Inlay - resin-based composite composite/resin - two surfaces
D2652	I.C.	I.C.	Inlay - resin-based composite composite/resin - three or more surfaces
D2662	\$525.00	\$646.00	Onlay - resin-based composite composite/resin - two surfaces
D2663	\$524.00	\$645.00	Onlay - resin-based composite composite/resin - three surfaces
D2664	\$524.00	\$645.00	Onlay - resin-based composite composite/resin - four or more surfaces
D2710	\$197.00	\$242.00	Crown – resin- based composite (indirect)
D2712	I.C.	I.C.	Crown – _ resin- based composite (indirect)
D2720	\$542.00	\$667.00	Crown - resin with high noble metal
D2721	\$394.00	\$485.00	Crown - resin with predominantly base metal

Code	Allowed Fees	EPSDT Fees	Description of Services
D2722	\$446.00	\$549.00	Crown - resin with noble metal
D2740	\$624.00	\$768.00	Crown - porcelain/ceramic substrate
D2750	\$587.00	\$722.00	Crown - porcelain fused to high noble metal
D2751	\$525.00	\$647.00	Crown - porcelain fused to predominantly base metal
D2752	\$542.00	\$667.00	Crown - porcelain fused to noble metal
D2780	\$604.00	\$743.00	Crown - 3/4 cast high noble metal
D2781	I.C.	I.C.	Crown - 3/4 cast predominately base metal
D2782	I.C.	I.C.	Crown - 3/4 cast noble metal
D2783	\$584.00	\$719.00	Crown - 3/4 porcelain/ceramic
D2790	\$591.00	\$727.00	Crown - full cast high noble metal
D2791	\$460.00	\$566.00	Crown - full cast predominantly base metal
D2792	\$558.00	\$687.00	Crown - full cast noble metal
D2794	I.C.	I.C.	Crown- titanium
D2799	\$164.00	\$202.00	Provisional crown
D2910	\$49.00	\$61.00	Recement inlay, onlay, or partial coverage restoration
D2915	I.C.	I.C.	Recement cast or prefabricated post and core
D2920	\$49.00	\$61.00	Recement crown
D2930	\$131.00	\$162.00	Prefabricated stainless steel crown - primary tooth
D2931	\$146.00	\$179.00	Prefabricated stainless steel crown - permanent tooth
D2932	\$181.00	\$222.00	Prefabricated resin crown
D2933	I.C.	I.C.	Prefabricated stainless steel crown with resin window
D2934	I.C.	I.C.	Prefabricated esthetic coated stainless steel crown – primary tooth
D2940	\$52.00	\$64.00	Sedative filling
D2950	\$141.00	\$174.00	Core buildup, including any pins
D2951	\$23.00	\$28.00	Pin retention - per tooth, in addition to restoration
D2952	\$199.00	\$244.00	Cast post and core in addition to crown
D2953	I.C.	I.C.	Each additional cast post - same tooth
D2954	\$164.00	\$202.00	Prefabricated post and core in addition to crown
D2955	I.C.	I.C.	Post removal (not in conjunction with endodontic therapy)
D2957	I.C.	I.C.	Each additional prefabricated post - same tooth
D2960	\$263.00	\$371.00	Labial veneer (resin laminate) - chairside
D2961	\$361.00	\$444.00	Labial veneer (resin laminate) - laboratory
D2962	\$492.00	\$606.00	Labial veneer (porcelain laminate) - laboratory
D2971	I.C.	I.C.	Additional procedures to construct new crown under existing partial denture framework
D2975	I.C.	I.C.	Coping
D2980	\$98.00	\$121.00	Crown repair, by report
D2999	I.C.	I.C.	Unspecified restorative procedure, by report
			IV. Endodontics
D3110	\$29.00	\$36.00	Pulp cap - direct (excluding final restoration)
D3120	\$29.00	\$36.00	Pulp cap - indirect (excluding final restoration)
D3220	\$75.00	\$93.00	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	\$98.00	\$121.00	Pulpal debridement, primary and permanent teeth
D3230	I.C.	I.C.	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240	I.C.	I.C.	Pulpal therapy (resorbable filling) - posterior, primary tooth

Code	Allowed Fees	EPSDT Fees	Description of Services
			(excluding final restoration)
D3310	\$345.00	\$424.00	Anterior (excluding final restoration)
D3320	\$404.00	\$497.00	Bicuspid (excluding final restoration)
D3330	\$523.00	\$645.00	Molar (excluding final restoration)
D3331	I.C.	I.C.	Treatment of root canal obstruction; non-surgical access
D3332	\$164.00	\$202.00	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	\$197.00	\$242.00	Internal root repair of perforation defects
D3346	\$391.00	\$481.00	Retreatment of previous root canal therapy - anterior
D3347	\$460.00	\$566.00	Retreatment of previous root canal therapy - bicuspid
D3348	\$525.00	\$696.00	Retreatment of previous root canal therapy - molar
D3351	\$105.00	\$129.00	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352	I.C.	I.C.	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353	I.C.	I.C.	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
D3410	\$348.00	\$428.00	Apicoectomy/periradicular surgery - anterior
D3421	\$394.00	\$485.00	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	\$512.00	\$630.00	Apicoectomy/periradicular surgery - molar (first root)
D3426	\$197.00	\$242.00	Apicoectomy/periradicular surgery (each additional root)
D3430	\$66.00	\$81.00	Retrograde filling - per root
D3450	\$246.00	\$303.00	Root amputation - per root
D3460	\$395.00	\$657.00	Endodontic endosseous implant
D3470	I.C.	I.C.	Intentional reimplantation (including necessary splinting)
D3910	I.C.	I.C.	Surgical procedure for isolation of tooth with rubber dam
D3920	\$181.00	\$222.00	Hemisection (including any root removal), not including root canal therapy
D3950	\$59.00	\$98.00	Canal preparation and fitting of preformed dowel or post
D3999	I.C.	I.C.	Unspecified endodontic procedure, by report
			V. Periodontics
D4210	\$263.00	\$324.00	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant
D4211	\$95.00	\$117.00	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces, per quadrant
D4240	\$384.00	\$565.00	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces, per quadrant
D4241	I.C.	I.C.	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces, per quadrant
D4245	I.C.	I.C.	Apically positioned flap
D4249	\$394.00	\$485.00	Clinical crown lengthening - hard tissue
D4260	\$681.00	\$1,090.00	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces, per quadrant
D4261	\$607.00	\$747.00	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces, per quadrant
D4263	\$217.00	\$347.00	Bone replacement graft - first site in quadrant
D4264	\$161.00	\$198.00	Bone replacement graft - each additional site in quadrant (use if

Code	Allowed Fees	EPSDT Fees	Description of Services
			performed on same date of service as D4263)
D4265	I.C.	I.C.	Biological materials to aid in soft and osseous tissue regeneration
D4266	\$263.00	\$323.00	Guided tissue regeneration - resorbable barrier, per site
D4267	\$263.00	\$323.00	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
D4268	I.C.	I.C.	Surgical revision procedure, per tooth
D4270	\$517.00	\$792.00	Pedicle soft tissue graft procedure
D4271	\$476.00	\$693.00	Free soft tissue graft procedure (including donor site surgery)
D4273	\$558.00	\$687.00	Subepithelial connective tissue graft procedure (including donor site surgery)
D4274	\$279.00	\$343.00	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	I.C.	I.C.	Soft tissue allograft
D4276	I.C.	I.C.	Combined connective tissue and double pedicle graft
D4320	\$114.00	\$190.00	Provisional splinting - intracoronaral
D4321	\$97.00	\$160.00	Provisional splinting - extracoronaral
D4341	\$115.00	\$141.00	Periodontal scaling and root planing, four or more teeth, per quadrant
D4342	I.C.	I.C.	Periodontal scaling and root planning – one to three teeth, per quadrant
D4355	\$66.00	\$82.00	Full mouth debridement to enable comprehensive and diagnosis
D4381	\$75.00	\$120.00	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
D4910	\$69.00	\$110.00	Periodontal maintenance
D4920	\$57.00	\$67.00	Unscheduled dressing change (by someone other than treating dentist)
D4999	I.C.	I.C.	Unspecified periodontal procedure, by report
			VI. Prosthodontics
D5110	\$625.00	\$825.00	Complete denture - maxillary
D5120	\$625.00	\$825.00	Complete denture - mandibular
D5130	\$657.00	\$825.00	Immediate denture - maxillary
D5140	\$656.00	\$825.00	Immediate denture - mandibular
D5211	\$476.00	\$594.00	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	\$509.00	\$627.00	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5213	\$939.00	\$939.00	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	\$971.00	\$971.00	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	I.C.	I.C.	Maxillary partial denture – flexible base (including any clasps, rests and teeth)
D5226	I.C.	I.C.	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281	\$361.00	\$444.00	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
D5410	\$36.00	\$44.00	Adjust complete denture - maxillary
D5411	\$36.00	\$44.00	Adjust complete denture - mandibular

Code	Allowed Fees	EPSDT Fees	Description of Services
D5421	\$45.00	\$55.00	Adjust partial denture - maxillary
D5422	\$33.00	\$40.00	Adjust partial denture - mandibular
D5510	\$73.00	\$96.00	Repair broken complete denture base
D5520	\$66.00	\$81.00	Replace missing or broken teeth - complete denture (each tooth)
D5610	\$66.00	\$82.00	Repair resin denture base
D5620	\$89.00	\$110.00	Repair cast framework
D5630	\$85.00	\$105.00	Repair or replace broken clasp
D5640	\$66.00	\$81.00	Replace broken teeth - per tooth
D5650	\$79.00	\$97.00	Add tooth to existing partial denture
D5660	\$84.00	\$110.00	Add clasp to existing partial denture
D5670	I.C.	I.C.	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	I.C.	I.C.	Replace all teeth and acrylic on cast metal framework (mandibular)
D5710	\$217.00	\$267.00	Rebase complete maxillary denture
D5711	\$172.00	\$227.00	Rebase complete mandibular denture
D5720	\$197.00	\$242.00	Rebase maxillary partial denture
D5721	\$244.00	\$301.00	Rebase mandibular partial denture
D5730	\$135.00	\$166.00	Reline complete maxillary denture (chairside)
D5731	\$148.00	\$182.00	Reline complete mandibular denture (chairside)
D5740	\$121.00	\$149.00	Reline maxillary partial denture (chairside)
D5741	\$115.00	\$141.00	Reline mandibular partial denture (chairside)
D5750	\$183.00	\$225.00	Reline complete maxillary denture (laboratory)
D5751	\$184.00	\$226.00	Reline complete mandibular denture (laboratory)
D5760	\$181.00	\$222.00	Reline maxillary partial denture (laboratory)
D5761	\$181.00	\$222.00	Reline mandibular partial denture (laboratory)
D5810	\$124.00	\$170.00	Interim complete denture (maxillary)
D5811	\$124.00	\$170.00	Interim complete denture (mandibular)
D5820	\$230.00	\$283.00	Interim partial denture (maxillary)
D5821	\$253.00	\$311.00	Interim partial denture (mandibular)
D5850	\$62.00	\$76.00	Tissue conditioning, maxillary
D5851	\$56.00	\$69.00	Tissue conditioning, mandibular
D5860	\$703.00	\$965.00	Overdenture - complete, by report
D5861	\$758.00	\$1,041.00	Overdenture - partial, by report
D5862	\$197.00	\$224.00	Precision attachment, by report
D5867	I.C.	I.C.	Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875	I.C.	I.C.	Modification of removable prosthesis following implant surgery
D5899	I.C.	I.C.	Unspecified removable prosthodontic procedure, by report
			VII. Maxillofacial Prosthetics
D5911	I.C.	I.C.	Facial moulage (sectional)
D5912	I.C.	I.C.	Facial moulage (complete)
D5913	I.C.	I.C.	Nasal prosthesis
D5914	I.C.	I.C.	Auricular prosthesis
D5915	I.C.	I.C.	Orbital prosthesis
D5916	I.C.	I.C.	Ocular prosthesis
D5919	I.C.	I.C.	Facial prosthesis
D5922	I.C.	I.C.	Nasal septal prosthesis

Code	Allowed Fees	EPSDT Fees	Description of Services
D5923	I.C.	I.C.	Ocular prosthesis, interim
D5924	I.C.	I.C.	Cranial prosthesis
D5925	I.C.	I.C.	Facial augmentation implant prosthesis
D5926	I.C.	I.C.	Nasal prosthesis, replacement
D5927	I.C.	I.C.	Auricular prosthesis, replacement
D5928	I.C.	I.C.	Orbital prosthesis, replacement
D5929	I.C.	I.C.	Facial prosthesis, replacement
D5931	I.C.	I.C.	Obturator prosthesis, surgical
D5932	I.C.	I.C.	Obturator prosthesis, definitive
D5933	I.C.	I.C.	Obturator prosthesis, modification
D5934	I.C.	I.C.	Mandibular resection prosthesis with guide flange
D5935	I.C.	I.C.	Mandibular resection prosthesis without guide flange
D5936	I.C.	I.C.	Obturator / prosthesis, interim
D5937	I.C.	I.C.	Trismus appliance (not for TMD treatment)
D5951	I.C.	I.C.	Feeding aid
D5952	I.C.	I.C.	Speech aid prosthesis, pediatric
D5953	I.C.	I.C.	Speech aid prosthesis, adult
D5954	I.C.	I.C.	Palatal augmentation prosthesis
D5955	I.C.	I.C.	Palatal lift prosthesis, definitive
D5958	I.C.	I.C.	Palatal lift prosthesis, interim
D5959	I.C.	I.C.	Palatal lift prosthesis, modification
D5960	I.C.	I.C.	Speech aid prosthesis, modification
D5982	I.C.	I.C.	Surgical stent
D5983	I.C.	I.C.	Radiation carrier
D5984	I.C.	I.C.	Radiation shield
D5985	I.C.	I.C.	Radiation cone locator
D5986	I.C.	I.C.	Fluoride gel carrier
D5987	I.C.	I.C.	Commissure splint
D5988	I.C.	I.C.	Surgical splint
D5999	I.C.	I.C.	Unspecified maxillofacial prosthesis, by report
			VIII. Implant Services
D6010	\$985.00	\$1,212.00	Surgical placement of implant body: endosteal implant
D6040	\$1,313.00	\$1,616.00	Surgical placement: eposteal implant
D6050	\$115.00	\$142.00	Surgical placement: transosteal implant
D6053	I.C.	I.C.	Implant/abutment supported removable denture for completely edentulous arch
D6054	I.C.	I.C.	Implant/abutment supported removable denture for partially edentulous arch
D6055	\$197.00	\$242.00	Dental implant supported connecting bar
D6056	\$238.00	\$292.00	Prefabricated abutment – includes placement
D6057	\$345.00	\$424.00	Custom abutment– includes placement
D6058	\$788.00	\$967.00	Abutment supported porcelain/ceramic crown
D6059	\$647.00	\$796.00	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	\$624.00	\$766.00	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	\$649.00	\$799.00	Abutment supported porcelain fused to metal crown (noble metal)
D6062	\$657.00	\$808.00	Abutment supported cast metal crown (high noble metal)
D6063	I.C.	I.C.	Abutment supported cast metal crown (predominantly base

Code	Allowed Fees	EPSDT Fees	Description of Services
			metal)
D6064	\$788.00	\$967.00	Abutment supported cast metal crown (noble metal)
D6065	\$788.00	\$967.00	Implant supported porcelain/ceramic crown
D6066	\$752.00	\$925.00	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	\$853.00	\$1,050.00	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	I.C.	I.C.	Abutment supported retainer for porcelain/ceramic FPD
D6069	I.C.	I.C.	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	I.C.	I.C.	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
D6071	I.C.	I.C.	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	I.C.	I.C.	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	I.C.	I.C.	Abutment supported retainer for cast metal FPD (predominately base metal)
D6074	I.C.	I.C.	Abutment supported retainer for cast metal FPD (noble metal)
D6075	I.C.	I.C.	Implant supported retainer for ceramic FPD
D6076	I.C.	I.C.	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	I.C.	I.C.	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	I.C.	I.C.	Implant/abutment supported fixed denture for completely edentulous arch
D6079	I.C.	I.C.	Implant/abutment supported fixed denture for partially edentulous arch
D6080	\$82.00	\$101.00	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis
D6090	I.C.	I.C.	Repair implant supported prosthesis, by report
D6094	I.C.	I.C.	Abutment supported crown – (titanium)
D6095	I.C.	I.C.	Repair implant abutment, by report
D6100	I.C.	I.C.	Implant removal, by report
D6190	I.C.	I.C.	Radiographic/surgical implant index, by report
D6194	I.C.	I.C.	Abutment supported retainer crown for FPD – (titanium)
D6199	I.C.	I.C.	Unspecified implant procedure, by report
			IX. Prosthodontics
D6205	I.C.	I.C.	Pontic – indirect resin based composite
D6210	\$558.00	\$727.00	Pontic - cast high noble metal
D6211	\$500.00	\$660.00	Pontic - cast predominantly base metal
D6212	\$541.00	\$666.00	Pontic - cast noble metal
D6214	I.C.	I.C.	Pontic - titanium
D6240	\$574.00	\$741.00	Pontic - porcelain fused to high noble metal
D6241	\$519.00	\$638.00	Pontic - porcelain fused to predominantly base metal
D6242	\$525.00	\$660.00	Pontic - porcelain fused to noble metal
D6245	I.C.	I.C.	Pontic - porcelain/ceramic
D6250	\$602.00	\$795.00	Pontic - resin with high noble metal

Code	Allowed Fees	EPSDT Fees	Description of Services
D6251	\$443.00	\$566.00	Pontic - resin with predominantly base metal
D6252	\$475.00	\$684.00	Pontic - resin with noble metal
D6253	I.C.	I.C.	Provisional pontic
D6545	\$230.00	\$283.00	Retainer - cast metal for resin bonded fixed prosthesis
D6548	I.C.	I.C.	Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6600	I.C.	I.C.	Inlay – porcelain/ceramic, two surfaces
D6601	I.C.	I.C.	Inlay – porcelain/ceramic, three or more surfaces
D6602	I.C.	I.C.	Inlay – cast high noble metal, two surfaces
D6603	I.C.	I.C.	Inlay – cast high noble metal, three or more surfaces
D6604	I.C.	I.C.	Inlay – cast predominantly base metal, two surfaces
D6605	I.C.	I.C.	Inlay – cast predominantly base metal, three or more surfaces
D6606	I.C.	I.C.	Inlay – cast noble metal, two surfaces
D6607	I.C.	I.C.	Inlay – cast noble metal, three or more surfaces
D6608	I.C.	I.C.	Onlay – porcelain/ceramic, two surfaces
D6609	I.C.	I.C.	Onlay – porcelain/ceramic, three or more surfaces
D6610	I.C.	I.C.	Onlay – cast high noble metal, two surfaces
D6611	I.C.	I.C.	Onlay – cast high noble metal, three or more surfaces
D6612	I.C.	I.C.	Onlay – cast predominantly base metal, two surfaces
D6613	I.C.	I.C.	Onlay – cast predominantly base metal, three or more surfaces
D6614	I.C.	I.C.	Onlay – cast noble metal, two surfaces
D6615	I.C.	I.C.	Onlay – cast noble metal, three or more surfaces
D6624	I.C.	I.C.	Inlay - titanium
D6634	I.C.	I.C.	Onlay - titanium
D6710	I.C.	I.C.	Crown – indirect resin based composite
D6720	\$451.00	\$595.00	Crown - resin with high noble metal
D6721	\$459.00	\$566.00	Crown - resin with predominantly base metal
D6722	\$177.00	\$218.00	Crown - resin with noble metal
D6740	I.C.	I.C.	Crown - porcelain/ceramic
D6750	\$581.00	\$767.00	Crown - porcelain fused to high noble metal
D6751	\$522.00	\$642.00	Crown - porcelain fused to predominantly base metal
D6752	\$525.00	\$673.00	Crown - porcelain fused to noble metal
D6780	\$443.00	\$545.00	Crown - 3/4 cast high noble metal
D6781	I.C.	I.C.	Crown - 3/4 cast predominately based metal
D6782	I.C.	I.C.	Crown - 3/4 cast noble metal
D6783	I.C.	I.C.	Crown - 3/4 porcelain/ceramic
D6790	\$602.00	\$795.00	Crown - full cast high noble metal
D6791	\$476.00	\$586.00	Crown - full cast predominantly base metal
D6792	\$505.00	\$622.00	Crown - full cast noble metal
D6793	I.C.	I.C.	Provisional retainer crown
D6794	I.C.	I.C.	Crown - titanium
D6920	I.C.	I.C.	Connector bar
D6930	\$62.00	\$77.00	Recement fixed partial denture
D6940	\$131.00	\$180.00	Stress breaker
D6950	\$142.00	\$194.00	Precision attachment
D6970	\$328.00	\$404.00	Cast post and core in addition to fixed partial denture retainer
D6971	\$121.00	\$149.00	Cast post as part of fixed partial denture retainer
D6972	\$131.00	\$162.00	Prefabricated post and core in addition to fixed partial denture retainer
D6973	\$115.00	\$141.00	Core build up for retainer, including any pins

Code	Allowed Fees	EPSDT Fees	Description of Services
D6975	I.C.	I.C.	Coping - metal
D6976	I.C.	I.C.	Each additional cast post - same tooth
D6977	I.C.	I.C.	Each additional prefabricated post - same tooth
D6980	\$115.00	\$141.00	Fixed partial denture repair, by report
D6985	I.C.	I.C.	Pediatric partial denture, fixed
D6999	I.C.	I.C.	Unspecified, fixed prosthodontic procedure, by report
			X. Exodontic
D7111	\$64.00	\$79.00	Extraction, coronal remnants – deciduous tooth
D7140	\$64.00	\$79.00	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	\$128.00	\$158.00	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	\$164.00	\$202.00	Removal of impacted tooth - soft tissue
D7230	\$213.00	\$263.00	Removal of impacted tooth - partially bony
D7240	\$253.00	\$311.00	Removal of impacted tooth - completely bony
D7241	\$279.00	\$421.00	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	\$123.00	\$152.00	Surgical removal of residual tooth roots (cutting procedure)
D7260	\$290.00	\$392.00	Orolantral fistula closure
D7261	I.C.	I.C.	Primary closure of a sinus perforation
D7270	\$91.00	\$128.00	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272	\$138.00	\$193.00	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	\$325.00	\$400.00	Surgical access of an unerupted tooth
D7282	I.C.	I.C.	Mobilization of erupted or malpositioned tooth to aid eruption
D7283	I.C.	I.C.	Placement of device to facilitate eruption of impacted tooth
D7285	\$105.00	\$129.00	Biopsy of oral tissue - hard (bone, tooth)
D7286	\$141.00	\$174.00	Biopsy of oral tissue - soft
D7287	I.C.	I.C.	Exfoliative cytological sample collection
D7288	I.C.	I.C.	Brush biopsy – transepithelial sample collection
D7290	\$68.00	\$96.00	Surgical repositioning of teeth
D7291	\$118.00	\$145.00	Transseptal fiberotomy/ supra crestal fiberotomy, by report
D7310	\$121.00	\$150.00	Alveoloplasty in conjunction with extractions - per quadrant
D7311	I.C.	I.C.	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320	\$160.00	\$198.00	Alveoloplasty not in conjunction with extractions - per quadrant
D7321	I.C.	I.C.	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7340	\$640.00	\$788.00	Vestibuloplasty - ridge extension (second epithelialization)
D7350	\$808.00	\$1,091.00	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410	\$98.00	\$121.00	Excision of benign lesion up to 1.25 cm
D7411	\$178.00.	\$251.00	Excision of benign lesion, greater than 1.25cm
D7412	I.C.	I.C.	Excision of benign lesion, complicated
D7413	I.C.	I.C.	Excision of malignant lesion up to 1.25cm
D7414	I.C.	I.C.	Excision of malignant lesion greater than 1.25cm

Code	Allowed Fees	EPSDT Fees	Description of Services
D7415	I.C.	I.C.	Excision of malignant lesion, complicated
D7440	\$161.00	\$226.00	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	\$213.00	\$299.00	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	\$212.00	\$222.00	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	\$246.00	\$303.00	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	\$104.00	\$125.00	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	\$122.00	\$171.00	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	\$98.00	\$121.00	Destruction of lesion(s) by physical or chemical method, by report
D7471	\$122.00	\$171.00	Removal of lateral exostosis (maxilla or mandible)
D7472	I.C.	I.C.	Removal of torus palatinus
D7473	I.C.	I.C.	Removal of torus, mandibularis
D7485	I.C.	I.C.	Surgical reduction of osseous tuberosity
D7490	I.C.	I.C.	Radical resection of maxilla or mandible
D7510	\$82.00	\$101.00	Incision and drainage of abscess - intraoral soft tissue
D7511	I.C.	I.C.	Incision and drainage of abscess - intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	\$69.00	\$85.00	Incision and drainage of abscess - extraoral soft tissue
D7521	I.C.	I.C.	Incision and drainage of abscess - extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7530	\$180.00	\$222.00	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	\$397.00	\$536.00	Removal of reaction-producing foreign bodies, musculoskeletal system
D7550	I.C.	I.C.	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	\$229.00	\$321.00	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	\$1,071.00	\$1,503.00	Maxilla - open reduction (teeth immobilized, if present)
D7620	\$358.00	\$502.00	Maxilla - closed reduction (teeth immobilized, if present)
D7630	\$895.00	\$1,258.00	Mandible - open reduction (teeth immobilized, if present)
D7640	\$534.00	\$750.00	Mandible - closed reduction (teeth immobilized, if present)
D7650	\$713.00	\$1,001.00	Malar and/or zygomatic arch - open reduction
D7660	\$177.00	\$249.00	Malar and/or zygomatic arch - closed reduction
D7670	\$254.00	\$343.00	Alveolus - closed reduction, may include stabilization of teeth
D7671	I.C.	I.C.	Alveolus - open reduction, may include stabilization of teeth
D7680	I.C.	I.C.	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7710	\$1,071.00	\$1,503.00	Maxilla - open reduction
D7720	I.C.	I.C.	Maxilla - closed reduction
D7730	\$895.00	\$1,258.00	Mandible - open reduction
D7740	\$534.00	\$750.00	Mandible - closed reduction
D7750	\$713.00	\$1,001.00	Malar and/or zygomatic arch - open reduction
D7760	\$177.00	\$249.00	Malar and/or zygomatic arch - closed reduction
D7770	\$267.00	\$374.00	Alveolus - open reduction stabilization of teeth
D7771	I.C.	I.C.	Alveolus - closed reduction stabilization of teeth
D7780	\$98.00	\$121.00	Facial bones - complicated reduction with fixation and multiple surgical approaches

Code	Allowed Fees	EPSDT Fees	Description of Services
D7810	\$446.00	\$627.00	Open reduction of dislocation
D7820	\$69.00	\$97.00	Closed reduction of dislocation
D7830	I.C.	I.C.	Manipulation under anesthesia
D7840	\$713.00	\$1,001.00	Condylectomy
D7850	I.C.	I.C.	Surgical discectomy, with/without implant
D7852	I.C.	I.C.	Disc repair
D7854	I.C.	I.C.	Synovectomy
D7856	I.C.	I.C.	Myotomy
D7858	I.C.	I.C.	Joint reconstruction
D7860	I.C.	I.C.	Arthrotomy
D7865	I.C.	I.C.	Arthroplasty
D7870	\$91.00	\$128.00	Arthrocentesis
D7871	I.C.	I.C.	Non-arthroscopic lysis and lavage
D7872	I.C.	I.C.	Arthroscopy - diagnosis, with or without biopsy
D7873	I.C.	I.C.	Arthroscopy - surgical: lavage and lysis of adhesions
D7874	I.C.	I.C.	Arthroscopy - surgical: disc repositioning and stabilization
D7875	I.C.	I.C.	Arthroscopy - surgical: synovectomy
D7876	I.C.	I.C.	Arthroscopy - surgical: discectomy
D7877	I.C.	I.C.	Arthroscopy - surgical: debridement
D7880	\$295.00	\$363.00	Occlusal orthotic device, by report
D7899	I.C.	I.C.	Unspecified TMD therapy, by report
D7910	\$27.00	\$38.00	Suture of recent small wounds up to 5 cm.
D7911	\$91.00	\$128.00	Complicated suture - up to 5 cm.
D7912	\$91.00	\$128.00	Complicated suture - greater than 5 cm.
D7920	I.C.	I.C.	Skin graft (identify defect covered, location and type of graft)
D7940	I.C.	I.C.	Osteoplasty - for orthognathic deformities
D7941	I.C.	I.C.	Osteotomy - mandibular rami
D7943	\$2,141.00	\$3,007.00	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	\$869.00	\$1,221.00	Osteotomy - segmented or subapical - per sextant or quadrant
D7945	\$1,785.00	\$2,507.00	Osteotomy - body of mandible
D7946	I.C.	I.C.	LeFort I (maxilla - total)
D7947	I.C.	I.C.	LeFort I (maxilla - segmented)
D7948	I.C.	I.C.	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949	I.C.	I.C.	LeFort II or LeFort III - with bone graft
D7950	\$713.00	\$1,001.00	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones- autogenous or nonautogenous, by report
D7953	I.C.	I.C.	Bone replacement graft for ridge preservation – per site
D7955	I.C.	I.C.	Repair of maxillofacial soft and/or hard tissue defect
D7960	\$92.00	\$311.00	Frenulectomy (frenectomy or frenotomy) - separate procedure
D7963	I.C.	I.C.	Frenuloplasty
D7970	\$210.00	\$295.00	Excision of hyperplastic tissue - per arch
D7971	\$68.00	\$96.00	Excision of pericoronal gingiva
D7972	I.C.	I.C.	Surgical reduction of fibrous tuberosity
D7980	\$91.00	\$128.00	Sialolithotomy
D7981	\$556.00	\$750.00	Excision of salivary gland, by report
D7982	\$242.00	\$341.00	Sialodochoplasty
D7983	\$443.00	\$622.00	Closure of salivary fistula

Code	Allowed Fees	EPSDT Fees	Description of Services
D7990	I.C.	I.C.	Emergency tracheotomy
D7991	I.C.	I.C.	Coronoidectomy
D7995	I.C.	I.C.	Synthetic graft - mandible or facial bones, by report
D7996	I.C.	I.C.	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	I.C.	I.C.	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7999	I.C.	I.C.	Unspecified oral surgery procedure, by report
			XI. Orthodontics
D8010	I.C.	I.C.	Limited orthodontic treatment of the primary dentition
D8020	I.C.	I.C.	Limited orthodontic treatment of the transitional dentition
D8030	I.C.	I.C.	Limited orthodontic treatment of the adolescent dentition
D8040	I.C.	I.C.	Limited orthodontic treatment of the adult dentition
D8050	I.C.	I.C.	Interceptive orthodontic treatment of the primary dentition
D8060	I.C.	I.C.	Interceptive orthodontic treatment of the transitional dentition
D8070	I.C.	I.C.	Comprehensive orthodontic treatment of the transitional dentition
D8080	\$1050.00	\$1,201.00	Comprehensive orthodontic treatment of the adolescent dentition
D8090	I.C.	I.C.	Comprehensive orthodontic treatment of the adult dentition
D8210	\$73.00	\$84.00	Removable appliance therapy
D8220	I.C.	I.C.	Fixed appliance therapy
D8660	I.C.	I.C.	Pre-orthodontic treatment visit
D8670	\$184.00	\$211.00	Periodic orthodontic treatment visit (as part of contract)
D8680	\$73.00	\$84.00	Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8690	I.C.	I.C.	Orthodontic treatment (alternative billing to a contract fee)
D8691	I.C.	I.C.	Repair of orthodontic appliance
D8692	I.C.	I.C.	Replacement of lost or broken retainer
D8999	\$105.00	\$120.00	Unspecified orthodontic procedure, by report
			XII. Adjunctive General Services
D9110	\$30.00	\$61.00	Palliative (emergency) treatment of dental pain - minor procedure
D9210	\$9.00	\$13.00	Local anesthesia not in conjunction with operative or surgical procedures
D9211	I.C.	I.C.	Regional block anesthesia
D9212	I.C.	I.C.	Trigeminal division block anesthesia
D9215	I.C.	I.C.	Local anesthesia
D9220	\$105.00	\$184.00	General anesthesia - first 30 minutes
D9221	\$82.00	\$101.00	General anesthesia - each additional 15 minutes
D9230	\$13.00	\$19.00	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	\$164.00	\$202.00	Intravenous sedation/analgesia - first 30 minutes
D9242	\$67.00	\$81.00	Intravenous sedation/analgesia - each additional 15 minutes
D9248	I.C.	I.C.	Non-intravenous conscious sedation
D9310	\$46.00	\$57.00	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)
D9410	\$22.00	\$32.00	House/extended care facility call
D9420	\$29.00	\$43.00	Hospital call
D9430	\$16.00	\$23.00	Office visit for observation (during regularly scheduled hours) -

Code	Allowed Fees	EPSDT Fees	Description of Services
			no other services performed
D9440	\$19.00	\$27.00	Office visit - after regularly scheduled hours
D9450	I.C.	I.C.	Case presentation, detailed and extensive treatment planning
D9610	\$25.00	\$36.00	Therapeutic drug injection, by report
D9630	\$6.00	\$9.00	Other drugs and/or medicaments, by report
D9910	\$18.00	\$22.00	Application of desensitizing medicament
D9911	I.C.	I.C.	Application of desensitizing resin for cervical and/or root surface, per tooth
D9920	\$26.00	\$38.00	Behavior management, by report
D9930	I.C.	I.C.	Treatment of complications (post-surgical) - unusual circumstances, by report
D9940	\$220.00	\$271.00	Occlusal guard, by report
D9941	\$52.00	\$75.00	Fabrication of athletic mouthguard
D9942	I.C.	I.C.	Repair and/or relining of occlusal guard
D9950	\$28.00	\$40.00	Occlusion analysis - mounted case
D9951	\$28.00	\$40.00	Occlusal adjustment – limited
D9952	\$128.00	\$158.00	Occlusal adjustment – complete
D9970	I.C.	I.C.	Enamel microabrasion
D9971	I.C.	I.C.	Odontoplasty 1-2 teeth; includes removal of enamel projections
D9972	I.C.	I.C.	External bleaching - per arch
D9973	I.C.	I.C.	External bleaching - per tooth
D9974	I.C.	I.C.	Internal bleaching - per tooth
D9999	I.C.	I.C.	Unspecified adjunctive procedure, by report

14.06: Allowable Fees: Hospital Services

Maximum allowable fees for professional services rendered in a hospital setting are governed under 114.3 CMR 16.00: *Surgery and Related Anesthesia Care*, 114.3 CMR 18.00: *Radiology*, and 114.3 CMR 17.00: *Medical and Related Anesthesia Care*.

14.07: Severability of the Provisions of 114.3 CMR 14.00

The provisions of 114.3 CMR 14.00 are severable and if any provisions of 114.3 CMR 14.00 or application of such provision to any eligible dental service provider or any such circumstances are held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to any eligible dental service providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 14.00: M.G.L. c. 118G